PRINTED: 03/27/2019 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO 0938-0391 TATEMENT OF DEFICIENCIES XI; PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING 445183 8 WING 03/26/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE ZIP CODE 438 NORTH WATER AVE GALLATIN HEALTH CARE CENTER, LLC GALLATIN, TN 37066 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 7X41 ID: IKS) COMP FT /A (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR USC IDENTIFYING INFORMATION! CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY F 000 INITIAL COMMENTS F 000 A recertification survey and complaint investigation #47163 were completed on 3/24/19 to 3/26/19 at Gallatin Health Care Center, LLC. No deficiencies were cited related to the complaint investigation under 42 CFR PART 483, Requirements for Long Term Care Facilities. F 686 Treatment/Svcs to Prevent/Heal Pressure Ulcer F 686 Resident #133 wound was assessed 5/1/19 SS=D CFR(s): 483.25(b)(1)(i)(ii) by the RN and no changes noted. §483.25(b) Skin Integrity Resident #133 received wound care §483.25(b)(1) Pressure ulcers. dressing change on 3/25/19 per Based on the comprehensive assessment of a physician order. resident, the facility must ensure that-All residents with physician orders (i) A resident receives care, consistent with professional standards of practice, to prevent for wound care dressing changes pressure ulcers and does not develop pressure were audited for physician order ulcers unless the individual's clinical condition compliance and appropriate action demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives taken as needed. necessary treatment and services, consistent Wound care policy was reviewed with professional standards of practice, to and no changes needed. Licensed promote healing, prevent infection and prevent Nurses will be in-serviced by the new ulcers from developing. Staff Development Coordinator This REQUIREMENT is not met as evidenced (SDC)/designee on following Based on facility policy review, medical record physician orders for wound care review, observation and interview, the facility dressing changes. failed to follow physician's orders related to Unit Managers will audit wound care wound care dressing change for 1 resident (#133) of 15 residents receiving wound care. dressing changes daily for three weeks then three times weekly for The findings include: three weeks and once weekly Facility policy review, Dressings, Dry/Clean, dated thereafter. Audit results reported to September 2013, revealed "... Verify that there is a DON. physician's order for this procedure... Apply the (continued on next page) ordered dressing...Label with date and initials to LABORATORY DIRECTOR S OR ERDVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE PTAC (6X)

V, LNHA Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2557(02-99) Previous Versions Obsolete

Event ID; KVF711

Facility ID: TN8303

Administrator



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CENT	ERS FOR MEDICARE	& MEDICAID SERVICES			FORM	APPROVE
STATEME	INT OF DEFICIENCIES NOF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1	TIPLE CONSTRUCTION	(X3) DA	0938-039 TE SURVEY MPLETED
		445183	B. WING		0.2	log ing tr
NAME O	F PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP GOD		/26/2019
GALLA	ITIN HEALTH CARE CE	NTER, LLC		438 NORTH WATER AVE GALLATIN, TN 37066		
(X4) (D PREFIX TAG	(EAGH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH COPRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	FOULD BE	(MŠ) COMPLET ON DATE
F 686	Continued From pa		F 68	26		,,,
	physician's order fo ordered dressingt top of dressing"	r this procedureApply the abel with date and initials to		(F686 continued)		
	was admitted to the diagnoses which inc	ew revealed Resident #133 facility on 8/24/17 with cluded Diabetes Mellitus, Chronic Kidney Disease.		DON will report audit rest Quality Assurance Commi Quality Assurance Perform Improvement Committee i	ittee / nance	
	Report dated Janua revealed "clean wi pack wound with cal cover with bordered	ew of the Order Summary by 2019 through March 2019 th NS [normal saline] pat dry, cium alginate AG [silver], foam dressing every day shift essing becomes dislodged or		for three months or until C Committee deems complia	A/QAPI	
	Licensed Practical N nurse) #4 for Reside Director present, on	round care performed by lurse (LPN, wound care nt #133, with the Wound 3/25/19 at 12:32 PM in n, revealed the resident's dated 3/22/19.				
	Interview with LPN # Resident #133's roor dressing was dated 3	4 on 3/25/19 at 12:32 PM in no confirmed the wound 8/22/19.				
	12:48 PM in the 100 #133's wound dressing	ound Director on 3/25/19 at Hallway confirmed Resident ng was dated 3/22/19 and ered to be changed daily.				
	at 3:17 PM in her office the nurses to follow p how they are written.	ector of Nursing on 3/26/19 oc confirmed she expected hysician's orders exactly		İ		
F 695	Respiratory/Tracheos	tomy Care and Suctioning	F 698	i .		1/19/10

F695 on next page

4/18/19

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED 03/27/2019 FORM APPROVED OMB NO 0938-0301

					ZUMB DATE DESCRIPTION	
STATEMENT OF CORRECTION STATEMENT OF CORRECTION		X1) PROVIDER/SUFPLIER/CUA IDENTIFICATION NUMBER	A BUILDING		IXM DATE SURVEY COMPLETED	
		445183	B WING		03/26/2019	
NAME OF	PROVIDER OR SUPPLIER		-1	STREET ADDRESS CITY STATE ZIP CODE	1 03/20/2013	
GALLAT	TIN HEALTH CARE CE	NTER, LLC		438 NORTH WATER AVE GALLATIN, TN 37066		
RATED PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ADTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE SUPPLEMENT	
F 695	Continued From pa	ge 2	F 6	95		
SS=D	CFR(s): 483.25(i)			(F695 continued)		
	The facility must enneeds respiratory cacer and tracheal sucare, consistent with practice, the compressive plan, the reside and 483,65 of this sucare plan, the reside and interview, the fanecessary respirator and 4432) of 37 respectives. The findings include:	and tracheal suctioning, sure that a resident who are, including tracheostomy uctioning, is provided such a professional standards of ehensive person-centered ents' goals and preferences, ubpart. IT is not met as evidenced cal record review, observation cility failed to provide y care for residents 2 (#24 idents receiving respiratory		Resident #24 was given a nebulizer and tubing which bagged and dated on 3/26/1 Resident #482's BiPap mas cleaned and given new tubinasal cannula oxygen tubin were bagged and dated on 3 All resident's receiving responded and dating of respiratory tubes supplies. Policy on proper storage of respiratory supplies was revand no changes needed. Nu nurse aides, therapists (rehaland Activity aides were inson proper bagging and dating on proper bagging and dating the proper bagging the proper baggin	was 9. k was ng, and g which 6/26/19. piratory r bagging bing and riewed rses, ab & RT) serviced	

which included Seizures, Tracheotomy, Malignant Neoplasm of Trachea, and Panic Disorder.

Medical record review of Resident #24's physician order dated 2/25/19 revealed ...Change nebulizer mask and tubing weekly; date and place in dated plastic bag (Sun. night). Place in dated bag when not in use ..."

Medical record review of the Care Plan dated 2/25/19 revealed "...has tracheostomy r/t [related to] history of laryngeal cancer..."

Medical record review of the Care Pian dated 3/1/19 to 3/26/19 revealed " ... at risk for altered breathing pattern r/t [related to] congestion, use respiratory tubing and supplies. Unit Managers will audit residents receiving respiratory care daily for three weeks then three times weekly

reported to DON. DON will report audit results to Quality Assurance Committee / Quality Assurance Performance Improvement Committee monthly for three months or until QA/QAPI Committee deems compliance.

for three weeks and once weekly

thereafter. Audit results will be

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CENTE	25 FOR MEDICARS	& MEDICAID SERVICES			OMB NO 0	1938-0391
	TIGA DEFICIENCIES DE CORRECITION	-X1: PROVIDER/SUPPLIER/CLIA !DENTIFICATION NUMBER	A BUILD	TIPLE CONSTRUCTION	COMPL	SUPVEY LETEO
		445183	a. Wing		03/20	6/2013
NAME OF	PROVIDER OR SUPPLIER	 	the state of	STREET AODRESS, CITY, STATE, ZIP CODE		5,20,75
CALLAT	IN REALTH CARE GE	NTCD II O		438 NORTH WATER AVE		
GALLAI	IN HEALTH CARE CE	NIER, LLG		GALLATIN, TN 37066		
rx4, 10 PRESIX TAG	(EACH BEFICIENC)	VTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFE TAG		CULO SE	XS COMPLETION CATE
F 695	Observation of Res	age 3 ygen, Pneumonia" sident #24 in the residents 9:10 AM and again at 11:35	F 6	695		0.
	AM revealed the Ne	ebulizer and tubing lying on the agged and undated.				12
	was admitted to the diagnoses which in Respiratory Failure	ew revealed Resident #482 e facility on 3/15/19 with cluded Acute and Chronic with Hypoxia, Congestive Pulmonary Hypertension.				
	room on 3/24/19 at PM revealed the Bil mask (BiPAP) and I bedside stand unba observation on 3/24	ident #482 in the residents 9:45 AM and again at 3:17 level Positive Airway Pressure tubing drapped over the regged and undated. Further 1/19 at 12:39 PM revealed en tubing on the floor.				
F 726	3/24/19 at 3:18 PM Resident #482's roo nebulizer and tubing when not in use" Competent Nursing		F 7	726		
	the appropriate comprovide nursing and resident safety and practicable physical well-being of each re-			Resident #100°s wound w correctly staged and was v 3/26/19 by the RN. All residents with wounds audited for correct staging taken as needed. (continued on next page)	verified on were	5/1/19

and considering the number, acuity and

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CENTE	RS FOR MEDICAR	E 3 MEDICAID SERVICES			OMB NO 0938-039
	TOPEERICENCES OF CORPECTION	X*; PROYIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		TIPLE CONSTRUCTION NG	EXAL DATE SURVEY COMPLETED
		445183	8 MINO		03/26/2019
NAME OF	PROVIDER OR SUPPLIER		T	STREET ADDRESS CITY STATE ZIP CODE	1 03/20/2019
GALLAT	IN HEALTH CARE CE	ENTER, LLC		438 NORTH WATER AVE GALLATIN, TN 37066	
IX I) ID PRESIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE EACH CORRECTIVE ACTION SHO CROSS REFERENCED TO THE APP DEFICIENCY)	DULD BE DOMPLE IN
F 726	Continued From pa	age 4	F 72	26	
		cility's resident population in			
	accordance with that §483,70(e).	e facility assessment required		(F726 continued)	
	licensed nurses had and skill sets necessated, as identified assessments, and of §483-35(a)(4) Provide limited to assessing implementing reside to resident's needs. §483-35(c) Proficient The facility must ento demonstrate complete to demonstrate complete sets as identified assessments, and of This REQUIREMEN by: Based on the medic observation, and interested on the medic observation, and interested in the sensure nursing staff competencies, and sets as identified assessments, and interested in the medic observation, and interested in the sensure nursing staff competencies, and sets assessments, and sets as a sensure nursing staff competencies, and sets as a sensure nursing staff competencies.	described in the plan of care. ding care includes but is not a valuating, planning and ent care plans and responding and ent care plans and responding acy of nurse aides. Sure that nurse aides are able petency in skills and ry to care for residents' through resident escribed in the plan of care. This not met as evidenced all record review, erview, the facility failed to have the knowledge and skill sets for staging pressure 0) of 15 residents with		Policy on wound staging wereviewed and no change not Licensed Nurses were in-secorrect staging of wounds Staff Development coordin (SDC)/designee and compose will be completed on all licentress. SDC/designee will audit we correct staging and monito changes for three weeks the times weekly for three weeks the times weekly thereafter. Aureported to DON. DON will report audit resure Quality Assurance Commit Quality Assurance Perform Improvement Committee in for three months or until Q Committee deems compliant.	eeded. erviced on by the nator etencies censed rounds for r for en three eks and adit results lits to ttee / nance nonthly eA/QAPI
F f C C	f100 was admitted to diagnoses which incl Other Site, Type 2 Di Polyneuropathy, Con	al record revealed Resident to the facility on 1/11/19 with uded Pressure Ulcer of abetes Mellitus with Diabetic tracture of Muscle Right wheral Vascular Disease.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/27/2019 FORM APPROVED OMB NO 6938-0361

	CF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1	E CONSTRUCTION 2	N DATE SURVEY COMPLETED
		445183	B WING		03/26/2019
	PPOMDER OR SUPPLIER IN HEALTH CARE CE	NTER, LLC-	4:	REET ADDRESS, CITY, STATE, ZIP CODE 88 NORTH WATER AVE ALLATIN, TN 37066	33,23,20,13
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD 9) CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F 726	Continued From pa		F 725		
	Assessment dated unstageable to bilat black/purple areas t	eral heels, golf size			
	Wound Report date	ew of the of the Weekly d 1/16/19 revealed tissue injury of bilateral			
	Consultant on 3/26/ of Nursing office rev assessment dated 1 Continued interview	I/11/19 was " inaccurate" was a " deep tissue injury	ïa.		
F 756	Consultant and Dire 3/26/19 at 5:30 PM at the DON's office coron the staging of prestaff have not been	egional Wound Care ctor of Nursing (DON) on and 6:30 PM, respectfully, in offirmed wound competencies assue ulcers with the nursing done. ew, Report Irregular, Act On	F 756		
	CFR(s): 483.45(c)(1 §483.45(c) Drug Re §483.45(c)(1) The d)(2)(4)(5) gimen Review. rug regimen of each resident least once a month by a		Resident #121 received an appropriate, 14 day, stop date of anti-psychotic medication on 3/26/19.	
	of the resident's med §483.45(c)(4) The pi irregularities to the a	eview must include a review dical chart. harmacist must report any attending physician and the ector and director of nursing,		All residents on an as needed (I anti-psychotic/psychotropic medications were audited for appropriate stop date and action taken as needed. (continued on next page)	

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		AND HUMAN SERVICES 8 MEDICAID SERVICES			FORM APPROVI
5 TAPEMEN	CE DEFICIENCIES DE COPRESTICIÓ	X1: PROVIDER/SUPPLIER/SHA IDENTIFICATION NUMBER	XC) MEIL A BUILDI	OPLE DONS TRUCTION NG	OMB NO 0938-03 (X3) DATE SURVEY GOMPLETED
		445183	B WING		03/26/2019
	(EACH DEFICIENC)	NTER, LLC TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	STREET ADDRESS, CITY STATE ZIP 438 NORTH WATER AVE GALLATIN, TN 37066 PROVIDERS PLAN OF CO ISACH DORRECTIVE ACTIO CROSS-HEI ERENGED TO TH DEFICIENCY)	CODE OFFICETION ORD IN SHOULD BE COMPLETIC EAPPROPRIATE DATE
	drug that meets the (d) of this section for (ii) Any irregularities during this review material separate, written reparate, the irregularity to (iii) The attending president's medical reirregularity has been action has been take be no change in the physician should document the resident's medical series and drug regimen review fimited to, time frame the process and step when he or she identified to, time frame the process and step when he or she identified to, time frame the process and step when he or she identified to, time frame the process and step when he or she identified to, time frame the process and step when he or she identified to, time frame the process and step when he or she identified to, time frame the process and step when he or she identified to, time frame the process and step when he or she identified to, time frame the process and step when he or she identified to, time frame the process and step when he or she identified to, time frame the process and step when he or she identified to, time frame the process and step when he or she identified to, time frame the process and step when he or she identified to the process and step when he or she identified to the process and	nust be acted upon. ude, but are not limited to, any criteria set forth in paragraph r an unnecessary drug. noted by the pharmacist ust be documented on a port that is sent to the and the facility's medical of nursing and lists, at a ent's name, the relevant drug, the pharmacist identified, rysician must document in the record that the identified reviewed and what, if any, the to address it. If there is to medication, the attending tument his or her rationale in all record. cility must develop and I procedures for the monthly that include, but are not to for the different steps in the pharmacist must take ifies an irregularity that in to protect the resident. The is not met as evidenced they review, medical record the pharmacist failed to to the sidents reviewed	F 75	(F756 continued) Policy was reviewed an revisions needed. Licenwill be in-serviced by the SDC/designee to include stop date on orders for psychotic medication on Nurses will be in-service providing an adequate of stop date for psychotropic/antipsychemedications. Unit Mana audit new orders for an medications for adequal and appropriate stop daresults to DON weekly. DON will report audit of Quality Assurance Comparished Committee deems comparished to three months or untited Committee deems comparished.	nsed nurses the de appropriate PRN anti- rders. ded on diagnosis and otic agers will ti-psychotic te diagnosis te and report results to mittee / formance de monthly il QA/QAPI

Review of the undated facility policy, Psychotropic Medication, revealed "...Psychotropic medications

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CENTE	RS FOR MEDICAR	F & MEDICAID SERVICES			OMB NO 0938-039
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		445183	B=WING		03/26/2019
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS CITY STA	
GALLAT	IN HEALTH CARE CE	ENTER, LLC		438 NORTH WATER AVE GALLATIN, TN 37066	
IX4 ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG	CROSS-REFERENCES	N OF CORRECTION IN THE MOST OF CORRECTION SHOULD BE COMPANIED OF THE APPROPRIATE DATE CHENCY)
	associated with me including: anti-anxi antidepressant class physician-extender Nurse Practitioner) medications approprinterdisciplinary tea evaluation and mor diagnosis will be do recordThe facility determining the unsymptoms so the a environmental, medications can be the individual reside or discontinue of psimedications will be clinical situationFineed will be documercordPRN (as nemedications ate limprimary care provided documents the ratio extensionDocume use and identifies ta with the interdisciplineffects of psychoact days of initiation, included and during routine vPRN psychotropic model and only documented circums obsychotropic drug uses and control drug use	at affects brain activities and processes and behavior, ety/hypnotic, antipsychotic and sees of drugs. Physicians and sees of drugs. Physician Assistant, will use psychotropic oriately, working with the motion of the ending. An appropriate use, nitoring. An appropriate use, nitoring. An appropriate use, nitoring. An appropriate use, nitoring and of derlying cause of behavioral supports the goal of derlying cause of behavioral epropriate treatment of dical, and/or behavioral endical, and/or behavioral utilized to meet the needs of ent. Efforts to reduce dosage ychopharmacological ongoing as appropriate for the notings including continued ented in the medical seded) orders for psychotropic sted to 14 days unless the er reviews, evaluates and nale for ents rational and diagnosis for reget symptoms. Evaluates hary team, effects and side ive medications within 14 treasing, or decreasing dose is its thereafter. Orders for nedications will be time limited for specific clearly	F7	56	

Medical record review revealed Resident #121

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CENTI	PS FOR MEDICAR!	& MEDICAID SERVICES				OMB N	7 4225 037 7 9938 037
BEATEMEN	IT OF DEFICIENCIES OF CORRECTION	C1 PROVIDER SUPPLIERICLIA IDENTIFICATION NUMBER	(KC) MUL A BUILD		CONSTRUCTION	IX II DATE SURVEY COMPLETED	
		445183	8 WING			0	3/26/2019
NAME OF	PROVIDER OR SUPPLIER		1	ŞTR	EET ADDRESS, CITY STATE 21P CODE	1 0	312012019
GALLA	TIN HEALTH CARE CE	NTER, LLC			NORTH WATER AVE LLATIN, TN 37066		
(X4) ID PREFIX TAG	LEACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION;	ID PREFI TAG	Κ.	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLET ON DATE
	and readmitted on included Generalize Unspecified Psychologorder. Continued was admitted to hose Medical record review physician order date "Haloperidol Lacta antipsychotic drug us mental disorders, traper milliliter [mg/ml] hours as needed for sublingualend date Medical record review Summary Report da 2019 revealed no psychotropic side efficially and March psychotropic side efficially and medical record review defication record review pharmacist dated 10 12/19/18, 1/29/19 an medication regimen reg	facility admitted on 10/1/18 12/17/18 with diagnoses which ad Anxiety Disorder, usis and Major Depressive if review revealed the resident spice services on 2/1/19. ew of Resident #121's ad 1/28/19 revealed ate Concentrate [an used to treat certain types of ade name Haldol] 2 milligrams give 1 mg by mouth every 3 agitation for 90 days or	F7	56			
	at 3:11 PM in her offi	ector of Nursing on 3/26/19 ce when asked to look at					

resident did not have a 14 day stop date for haloperidol. Continued interview confirmed the

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO (1918-019
	TIDE DEFICIENCIES DE CORPECTION	KI) PROVIDER/SUPPLIER/CLIA ICENTIFICATION NUMBER	(X2) MUL A BUILD	TIPLE CONSTRUCTION	X31 DATE	
		445183	9 WING		03/3/	6/2019
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 03/21	0/2019
				438 NORTH WATER AVE		
GALLAT	IN HEALTH CARE CE	NTER, LLC		GALLATIN, TN 37066		
IXA ID PPEFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		.D 3E	XER COMPLETION : CATE
F 756		ge 9 es each resident's medications the facility a report of the	F 7	56		
SS=D	3/26/19 at 4:07 PM "when a resident ha antipsychotic/psycholimited to 14 days ar reevaluated by the p day stop date." Come about pharmacy rec #121 she stated "if sorder for Haldol progrem a recommend re-evaluated by the exception for hospic confirmed "the facility not leave a recommeresident [Resident # Drug Regimen is Fre CFR(s): 483.45(d)(1) \$483.45(d) Unnecessary drugs. drug when used-\$483.45(d)(1) In exception for hospic confirmed "the facility not leave a recommeresident [Resident # Drug Regimen is Fre CFR(s): 483.45(d)(1) Innecessary drugs. drug when used-\$483.45(d)(2) For ex \$483.45(d)(3) Without \$483.45(d)(4)(d)(4) Without \$483.45(d)(4)(d)(4) Without \$483.45(d)(4)(d)(4) Without \$483.45(d)(4)(d)(4)(d)(4)(d)(4)(d)(4)(d)(4)(d)(4)(d)(4)(d)(4)(d)(4)(d)(4)(d)(4)(d)(4)(d)(4)(d)(4)(d)(4)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)	otropic drug ordered, it is not the resident has to be obysician to extend the prn 14 tinued interview when asked ommendations for Resident the [Resident #121] had an for 90 days, I would have ation for her to be physician and there is no e." Continued interview by records are correct, I did endation for the Haldol for the 121]." The from Unnecessary Drugs ()-(6) I regimen must be free from An unnecessary drug is any essive dose (including by); or	F 7	Resident #121 has a psychotropic/antipsychotic of effect and behavior monitori placed on 3/27/19. All residents on antipsychotic/psychotropic med were audited for side effect monitoring and action taken needed. (continued on next page)	ng ications 'behavior	5/1/19

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E & MEDICAID SERVICES			OMB NO 0938-0391
X1: PROVIDER SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE SURVEY COMPLETED
445183	B WING		03/26/2019
1,		STREET ADDRESS ONY STATE ZIP COD	
ENTER, LLC		438 NORTH WATER AVE GALLATIN, TN 37066	
Y MUST BE PRECEDED BY FULL		PROMOTE'S PLAN DE COERI X REACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP CEFICIENCY)	CULD BE COMPLETION
e presence of adverse ch indicate the dose should be inued; or combinations of the reasons as (d)(1) through (5) of this NT is not met as evidenced olicy review, medical record with a facility failed to have sychotic drug side effect or g in place for 1 resident (#121) ewed receiving anti-psychotic et. Ited facility policy, Psychotropic and fects brain activities at affects brain activities at affects brain activities and sees of drugs. Physicians and sees of drugs appropriate use, altoringAn appropriate use, altoringAn appropriate use, altoring cause of behavioral appropriate treatment of dical, and/or behavioral	F?	(F757 continued) Policy on psychotropic mewas reviewed and no reviewed. Licensed Nurses serviced by the SDC/design providing side effect and monitoring for psychotropic/antipsychotic medications. Unit Managaudit new orders for antimedications for adequate and appropriate stop date results to DON weekly. DON will report audit resulty Assurance Comme Quality Assurance Perfor Improvement Committee for three months or until Committee deems compliance.	sions will be in- gnee on behavior c ers will psychotic diagnosis and report sults to nittee / mance monthly QA/QAPI
	IDENTIFICATION NUMBER:	A BUILD 445183 ENTER, LLC ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL BIC IDENTIFYING INFORMATION) Enter indicate the dose should be includ; or combinations of the reasons ins (d)(1) through (5) of this NT is not met as evidenced with facility failed to have sychotic drug side effect or g in place for 1 resident (#121) ewed receiving anti-psychotic and set of drugs. Physicians and set (Ex. Physician Assistant, will use psychotropic oriately, working with the metoensure appropriate use, intoring. An appropriate use, intoring cause of behavioral oppropriate treatment of dical, and/or behavioral optropriate treatment of dical, and/or behavioral outilized to meet the needs of	A BUILDING 445183 BYING STREET ACCIPESD CITY STATE, SIP COL 438 NORTH WATER AVE GALLATIN, TN 37066 PRESENT AGE OF PRESENCE TO THE APPROVED PROPERTY AND SECOND TO THE APPR

or discontinue of psychopharmacological

medications will be ongoing as appropriate for the

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CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES				A EIMO	(0) 0028-039
	T OF DEFICIENCIES OF CORRECT ON	X1, PROVICER/SUPPLIER/CLIA IDENTIFICATION NUMBER	.1		CONSTRUCTION	IXXI DATE SURVE COMPLETED	
		445183	B WING			1 ,	03/26/2019
	PROVIDER OR SUPPLIER IN HEALTH CARE CE		ID	438	REET ADDRESS, CITY STATE, ZIP GOD NORTH WATER AVE LLATIN, TN 37066 PROVIDER'S PLAN OF CORR	DE	
PREFIX TAG	(EACH DEFICIENC	Y MUS) BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFU TAG	×	FACH SCRRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	0.01£ 0.01£
F 757	need will be documed record "PRN (as no medications are limprimary care provided documents the ratio extension. Docume use and identifies to with the interdisciple effects of psychoact days of initiation, in and during routine of PRN psychotropic routines of the psychotropic drug of the provided currents are provided the psychotropic drug of th	cindings including continued nented in the medical eeded) orders for psychotropic nited to 14 days unless the der reviews, evaluates and conale for ents rational and diagnosis for arget symptomsEvaluates inary team, effects and side ctive medications within 14 creasing, or decreasing dose visits thereafterOrders for medications will be time limited for specific clearly instancesMonitors use daily, noting any adverse reased somnolence or	F7	57			
:	was admitted to the readmitted on 12/17 included Generalize Unspecified Psycho Disorder. Continued was admitted to hos Medical record revie physician order date ". Haloperidol [trade Concentrate [an anticertain types of mer per milliliter [mg/ml] hours as needed for sublingualend date	sis and Major Depressive di review revealed the resident spice services on 2/1/19. ew of Resident #121's ed 1/28/19 revealed ename Haldol] Lactate ipsychotic drug used to treat stal disorders] 2 milligrams give 1 mg by mouth every 3 agitation for 90 days or ed 4/28/19"					
	Medical record revie	ay of Resident #121's Order					

Summary Report dated January thru March 2019 revealed there were no psychotropic drug or

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	T OF DEFICIENCIES OF CORRECTION	X1. PROVICER/SUPPLIER/CLIA ICENTIFICATION NUMBER	A BUILDING		COMPLETED
		445183	8 WING		03/26/2019
	PROVIDER OR SUPPLIER IN HEALTH CARE CE	NTER, LLC		STREET ADDRESS CITY STATE, ZIP 3 438 NORTH WATER AVE GALLATIN, TN 37066	
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F 757	Medical record review Medication Adminis February and March psychotropic side explace. Medical record review drug regimen review pharmacist dated 10 12/19/18, 1/29/19 as medication regimen and there were no as	in place for haloperidol. ew of Resident #121's tration Record for January, n 2019 revealed there were no ffect or behavior monitoring in ew of Resident #121's monthly	Fi	757	
	Hospice Physician of confirmed "side effet between hospice and should be monitored. Interview with the Diat 3:11 PM in her off Resident #121's phyresident did not have or behavior monitoring Free from Unnec Ps CFR(s): 483,45(c)(3) §483,45(c)(3) A psycaffects brain activities processes and behavior and behavior monitoring the second statement of the second s	on 3/26/19 at 12:18 PM of monitoring is a team effort of the facility and side effects of and documented." Frector of Nursing on 3/26/19 fice when asked to lock at resicians orders confirmed the eany psychotropic side effecting in place. Freychotropic Meds/PRN Use of the Drugs. Contropic Drugs. Contropic drug is any drug that its associated with mental exity. These drugs include, of drugs in the following	F7	Resident #121 had an a diagnosis and stop date psychotropic/antipsych medication placed on 3 (continued on next pag	e placed for notic 3/27/19.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MED

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_ CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		(DMB NO 0938-0391
	TOP DEPICIENCIES OF CORRECTION	X1), PROVIDER, SUPPLIER, CLA IDENTIFICATION NUMBER		TPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
	445183		6 MING		03/26/2019
NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, 2IF CODE	1 03/20/2015
GALLAT	IN HEALTH CARE CE	NTER, LLC		438 NORTH WATER AVE GALLATIN, TN 37066	
PREFIX TAG	(EACH DEFICIENCY	FEYIEN FOR DEFICIENCIES MUST BE PRECEDED BY PULL IC IDENTIFYING INFORMATION)	IO PREED TAG	PROVIDER'S PLAN OF COPRECTION (IEACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D 88 Campi e tra
F 758	Continued From pag (iv) Hypnotic	ge 13	F 7	58 (F758 continued)	
	s483.45(e)(1) Residently in the clinical record; \$483.45(e)(2) Residently in the clinical record; \$483.45(e)(2) Residently in the clinical record; \$483.45(e)(3) Residently in the clinical record; \$483.45(e)(3) Residently in the clinical record; \$483.45(e)(4) PRN of the clinical record; \$483.45(e)(5), if the appropriate for the Procession of the Procession of the residently in the residently in the clinical record; \$483.45(e)(5), if the appropriate for the Procession of the residently in the re	ents who have not used are not given these drugs on is necessary to treat a diagnosed and documented ents who use psychotropic al dose reductions, and ons, unless clinically n effort to discontinue these ents do not receive ursuant to a PRN order on is necessary to treat a condition that is documented and refers for psychotropic drugs attending physician or ear believes that it is RN order to be extended or she should document their ent's medical record and for the PRN order.		All residents on antipsychotic/psychotropic media and stop date placed for psychotropic/antipsychotic medication and action taken a needed. Licensed Nurses will be in-secon providing an adequate dia and stop date for PRN psychotropic/antipsychotic medications. Unit Managers audit new orders for anti-psychetic medications for adequate dia and appropriate stop date date three months. Any discrepance be reported to the DON for appropriate follow up. DON will report audit results Quality Assurance Committe Quality Assurance Performant Improvement Committee mo for three months or until QA/Committee deems compliance	erviced gnosis will chotic gnosis ly for cies will to e / hece nthly
r p tl	enewed unless the a prescribing practitione ne appropriateness o	4 days and cannot be ttending physician or er evaluates the resident for f that medication, is not met as evidenced			

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	OF BETICIENCIES DE GOPRESTION	X1) PROVIDER/SUPPLIER/SUA IDENTIFICATION NUMBER		PLE CONSTRUCTION	X3; DATE SURVEY DETERMINED
		445183	B MING		03/26/2019
	PROVIDER OR SUPPLIER IN HEALTH CARE CE	NTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 438 NORTH WATER AVE GALLATIN, TN 37066	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PRECIX TAG	PROVIDER SIPLAN OF COPPREUTION (EACH COPPED TYPE ACTION SHOULD CROSS-REFERENCED TO THE APPROPIDE DEFICIENCY)	BE COMPLETION
	review and interview an adequate diagno a prn (as needed) a	olicy review, medical record to the facility failed to provide sis and a 14 day stop date for nti-psychotic drug for 1 2 residents reviewed otic medications.	F 75	8	
	Review of the undate Medication, revealed include any drug that associated with merincluding anti-anxie antidepressant class physician-extenders. Nurse Practitioner) with medications approprinterdisciplinary team evaluation and monitied diagnosis will be docreted The facility state determining the undesymptoms so the appenvironmental, medications can be underected will be documed to discontinue of psymedications will be obtained will be documed to discontinue of psymedications are limited to cuments the ration extension Documents and identifies tar included and identifies tar i	ed facility policy, Psychotropic d'Psychotropic medications it affects brain activities atal processes and behavior, ty/hypnotic, antipsychotic and ses of drugs. Physicians and (Ex. Physician Assistant, will use psychotropic riately, working with the into ensure appropriate use, toring. An appropriate supports the goal of erlying cause of behavioral propriate treatment of cal, and/or behavioral as psychopharmacological utilized to meet the needs of intEfforts to reduce dosage chopharmacological ingoing as appropriate for the dings, including continued in the medical eded) orders for psychotropic ed to 14 days unless the reviews, evaluates and			

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CENTE	ENTERS FOR MEDICARE & MEDICAID SERVICES			OMB NO 09				
	FOR DEFICIENCIES OF CORRECTION	C1 PROVIDEN/SUPPLEP/OLIA DENT FICATION NUMBER	(X2) MU A BUILI		TIPLE CONS & COON		X3) BATE SURVEY COMPLETED	
		445183	B WING	5			03/26/2019	
	PROVIDER OR SUPPLIER IN HEALTH CARE CE	NTER, LLC	.1.	438	EET AUDRESO, DITY, STATE, Z NORTH WATER AVE LLATIN, TN: 37066	# CODE	03/20/2015	
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	days of initiation, included psychotropic of the 14 days and only documented circum psychotropic drug uneffects such as increductional decline" Medical record reviews admitted to the readmitted on 12/17 included Generalize Unspecified Psychologisorder, Continued was admitted to hose the medical record reviews and disorders, traper milliliter [mg/ml] thours as needed for sublingualend dated the medical record reviews th	tive medications within 14 creasing, or decreasing dose visits thereafterOrders for nedications will be time !imited for specific clearly stancesMonitors se daily, noting any adverse eased somnolence or ease of several ease		758				
C	confirmed she was a	n 3/26/19 at 12:18 PM ware of the 14 day stop date ications and stated "with						

hospice patients we have prn (as needed) haldol

CEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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PROVIDER/SUPPLIER/CUA IDENT/FICATION NUMBER 445183 ER, LLC	1	PLE CONSTRUCTION G	MB NO 0938 036 CKS: DATE SUPPR (COMPLETED
	9 WING_		
ER, LLC			03/26/2019
ER, LLC	- 1	STREET ADDRESS, CITY STATE ZIP DODE	4012012013
ER, LLC			
		GALLATIN, IN 37066	
ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORPECTIVE ACTION SHOULD	RE CONSULT OF
16	E 75	2	
	F /5	3	
f agitation was a correct aloperidol) she stated "no, or terminal agitation." Infirmed she stated "side sam effort between and side effects should be need." tor of Nursing on 3/26/19 when asked to look at ans orders confirmed the 14 day stop date for the sed interview when asked diagnosis for the nere was not an sed for the drug use. If the resident has a physician to extend the remanti-psychotic." In asked if Resident #121 physician to extend the eshe stated "no." Biologicals (2) Orugs and Biologicals sed in the facility must be include the and cautionary iration date when	F 761	Acetaminophen 500mg 100 coubottle, Aspirin 325mg 100 coubottle, Mylanta 355ml bottle, the Preparation H and 1 intravenorements.	nt ube of us
	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION) 16 nal agitation." Continued if agitation was a correct loperidol) she stated "no, or terminal agitation." offirmed she stated "side am effort between and side effects should be need." tor of Nursing on 3/26/19 when asked to look at ans orders confirmed the 14 day stop date for the red interview when asked diagnosis for the rere was not an sed for the drug use. Firmed "the resident has physician to extend the rn anti-psychotic." en asked if Resident #121 physician to extend the eshe stated "no." Siologicals (2) Orugs and Biologicals red in the facility must be ith currently accepted and include the red cautionary iration date when	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION) 16 Inal agitation." Continued if agitation was a correct loperidol) she stated "no, or terminal agitation." Infirmed she stated "side am effort between and side effects should be inted." It or of Nursing on 3/26/19 when asked to look at ans orders confirmed the 14 day stop date for the interview when asked diagnosis for the interview when asked diagnosis for the interview when asked diagnosis for the interview interview that is physician to extend the interview and interview that is physician to extend the is an anti-psychotic." In asked if Resident #121 physician to extend the is she stated "no." Siologicals It of the facility must be ith currently accepted and include the indicated cautionary iration date when	GALLATIN. TN 37066 FREED TOF DEFICIENCIES STIBLE PRECEDED BY FULL DENTIFYING INFORMATION) IG PREED TABLE PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE OF CROSS-REFERENCED TO THE

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION		IEEE/TERS IT VOLUME AREAS		PLE SCHOTPLOTICH NG		COMPLETED	
		445183	8 WING		03	3/26/2019	
NAME OF PROVIDER OR SUPPLIER GALLATIN HEALTH CARE CENTER, LLC			STREET ADDRESS CITY STATE ZIP CO 438 NORTH WATER AVE GALLATIN, TN 37066				
(X4) IC PRSE(X TAG	EACH DEFICIENC	AVEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	BY FULL PREFIX (EMONIDERPECTIVE 40T ON SHOULD BE		OULD BE	GOMPLETCH OATE	

F 761 Continued From page 17

biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMEN'T is not met as evidenced by:

Based on facility policy review, observation, and interview, the facility failed to refrigerate and properly store medications on 4 of 12 medication carts.

The findings include:

Review of facility policy, Administering Medications, dated 2001, revised December 2012, revealed "...When opening a multi-dose container, the date opened shall be recorded on the container...Staff shall follow established facility infection control procedures for the administration of medications..."

Review of facility policy, Storage of Medications, dated 2001, revised April 2007, revealed "...Drugs and biologicals shall be stored in the packaging, containers or other dispensing systems in which they are received...The nursing staff shall be responsible for maintaining medication storage AND preparation areas. .The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals...Drugs for external use, as well as

F 761 (F761 continued)

The following were removed from medication cart 100A: Mucinex 400mg, Lactulose solution 10mg/ml. Dakins solution, multi-dose bottle of Valporic acid and a Bisacodyl suppository. The following were removed from medication cart 200B: bottle of Biscodyl 5mg tabs 150 count, and albuterol ampoules. The following were removed from medication cart 400B: FirVang suspension 25mg/ml, 10 albuterol ampoules, Nystop powder, tubes of Skin repair & Medihoney, open box of 16 skin prep pads, oral medication administration supplies, gastric tube feeding supplies, stoma supplies and Skin Repair ointment. .All medication carts have the

All medication carts have the potential to be effected by this practice and were audited for proper storage and labeling of medications, biological and supplies, with action taken as needed.

(continued on next page)

DEPARTMENT OF HEALTH AND HUMAN SERVICES DENTERS FOR MEDICARE & MEDICARD SERVICES.

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	TOF DEFICIENCIES OF CORRECTION	31, PROVIDER/SUPPLER/SUA IDENTE ICATION NUMBER	-X2) MUL A BUILD		E CONSTRUCTION	CETED GX)	
		445183	8 WING			03/2	26/2019
NAME OF	PROVIDER OR SUPPLIER	N=====================================		ST	REET ANDRESS CITY STATE, ZIP CODE		
CALLAT		MITTER III C		43	8 NORTH WATER AVE		
GALLAI	'IN HEALTH CARE CE	NIEK, LI.G		G,	ALLATIN, TN 37066		
iZ+ (C) PRĽFIX TAĞ	(EACH DEFICIENCY	JEMENT OF DEPICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION SHOUL (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D 0E	OCMPLETICAL DATE
F 761	Continued From pa	go 18	C 7	764	(F761 continued)		
1 701		early marked as such, and	F /	01	(1701 committed)		
	shall be stored sepa				The relies for store of		
		cations requiring refrigeration			The policy for storage of	م اله	
	must be stored in a	refrigerator"			Medications was reviewed by		
		2000			Director of Nursing (DON) ar		
		300B medication cart on in the hallway with Licensed			revisions were needed. Licensed		
		N) #1revealed the following: a			Nurses will be in-serviced by		
		of Optimum Lacto Bacillus (a			SDC/designee on proper stora	~	
	medication used for	the restoration of normal			labeling of medications, biolo	_	
		fter antibiotic use) opened and			and supplies. Unit managers	1(
	not dated; a multiple				designees will conduct audits	of	
		nedication used for pain or (mg) 100 count bottle			medication carts twice weekly	y for	
		ed; a multiple dose bottle of			three weeks then weekly for t	hree	
	Acetaminophen 500	mg 100 count bottle opened			weeks then once every other v	week	
		Itiple dose bottle of Aspirin (a			and report results to the DON		
		pain, fever, or as an			weekly.		
		ng 100 count bottle opened Itiple dose bottle of Mylanta			The DON will report results t	o the	
		used for upset stomach) 355			QA/QAPI Committee monthl		
		d not dated; 1 tube of			QA/QAPI Committee deems	j drith	
		ntment used for relief of			compliance.		
	7 1	ed, not dated and not labeled			compitance.		
		ifier, Continued observation					
	dated 9/2016, expire	us (IV) catheter adapter d.					

Observation of the 100A medication cart on 3/25/19 at 5:45 PM in the hallway with LPN #5 revealed the following: a multiple dose bottle of Mucinex (a medication used to thin mucous secretions) 400 mg opened and not dated; a multiple dose bottle of Lactulose solution (a liquid medication used for constipation) 10 milligram per millilitier (mg/ml) opened and not dated; a multiple dose bottle of Dakins solution (a liquid medication used to irrigate wounds) opened and not dated; a multiple dose bottle of Valporic acid

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STATEMENT OF CORRECTION AND PLAN OF CORRECTION A BUILDING B WING A BUILDING A BUILDING B WING A BUILDING A BUILDING B WING B WING A BUILDING A BUILDING B WING B WING B WING A BUILDING B WING B WIN	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	OMB NO 053					
STREET ADDRESS CITY STATE ZIF CODE GALLATIN HEALTH CARE CENTER, LLC (X4) ID SUMMAPY STATEMENT OF DEFIDIENCES PERCED BY FILL REQUESTED OF LEGISLATION OF LOCATION OF LLS IDENTIFIEND SHAPE AND DESCRIPE TO THE APPROPRIATE DEFICIENCY. F 751 Continued From page 19 (a medication used for treating seizures) opened and not dated; and a Bisacodyl suppository (a stimulant/laxative) not labeled with a resident identifier, and not stored in the original container. Observation of the 2008 medication cart on 3/26/19 at 2:30 PM in the 2008 nurses station with LPN #7 revealed the following: a multiple dose bottle of Bisacodyl 5 mg tablets 150 count opened with expiration date 10/18/18; 4 Albuterol ampules (used for inhalation treatment for asthma, emphysema, and other lung diseases) not stored in their original protective foil package, and undated Observation of the 400B medication cart on 3/26/19 at 3.00 PM in the hallway with LPN #8 revealed the following: a FirVang suspension (an oral form of the antibiotic Vancomycin used to treat infections) 25 mg/ml 150 ml bottle unrefrigerated and at room temperature; 2 individually packaged Keppra (a medication for seizures) capsules loose in drawer unlabeled; 10					E CONSTRUCTION	XU DATE SUPPLE			
GALLATIN HEALTH CARE CENTER, LLC (X4) ID SUMMAPP STATEMENT OF DEPICIENCIES PREFIX TAGS CENTER STATE ADDRESS CITY STATE, 2P CODE 438 NORTH WATER AVE GALLATIN, TO 37066 (X4) ID PREFIX TAGS CENTER ON ILOS IDENTIFYING INFORMATION) F 761 Continued From page 19 (a medication used for treating seizures) opened and not dated; and a Bisacodyl suppository (a stimulant/laxative) not labeled with a resident identifier, and not stored in the original container. Observation of the 2008 medication cart on 3/26/19 at 2:30 PM in the 2008 nurses station with LPN #7 revealed the following: a multiple dose bottle of Bisacodyl 5 mg tablets 150 count opened with expiration date 10/18/18; 4 Albuterol ampules (used for inhalation treatment for asthma, emphysema, and other lung diseases) not stored in their original protective foil package, and undated. Observation of the 4008 medication cart on 3/26/19 at 3.00 PM in the hallway with LPN #8 revealed the following: a FirVang suspension (an oral form of the artibiotic Vancomycin used to treat infections) 25 mg/ml 150 ml bottle unrefrigerated and at room temperature; 2 individually packaged Keppra (a medication for seizures) capsules loose in drawer unlabeled; 10			445183	B WING		03/26/2019			
F 761 Continued From page 19 (a medication used for treating seizures) opened and not dated; and a Bisacodyl suppository (a stimulant/laxative) not labeled with a resident identifier, and not stored in the original container. Observation of the 2008 medication cart on 3/26/19 at 2:30 PM in the 2008 nurses station with LPN #7 revealed the following: a multiple dose bottle of Bisacodyl 5 mg tablets 150 count opened with expiration date 10/18/18; 4 Albuterol ampules (used for inhalation treatment for asthma, emphysema, and other lung diseases) not stored in their original protective foil package, and undated. Observation of the 400B medication cart on 3/26/19 at 3.00 PM in the halfway with LPN #8 revealed the following: a Fir/vang suspension (an oral form of the antibiotic Vancomycin used to treat infections) 25 mg/ml 150 ml bottle unrefrigerated and at room temperature; 2 individually packaged Keppra (a medication for seizures) capsules loose in drawer unlabeled; 10			NTER, LLC	4	38 NORTH WATER AVE	0012012013			
(a medication used for treating seizures) opened and not dated; and a Bisacodyl suppository (a stimulant/laxative) not labeled with a resident identifier, and not stored in the original container. Observation of the 2008 medication cart on 3/26/19 at 2:30 PM in the 2008 nurses station with LPN #7 revealed the following: a multiple dose bottle of Bisacodyl 5 mg tablets 150 count opened with expiration date 10/18/18; 4 Albuterol ampules (used for inhalation treatment for asthma, emphysema, and other lung diseases) not stored in their original protective foil package, and undated. Observation of the 400B medication cart on 3/26/19 at 3.00 PM in the hallway with LPN #8 revealed the following: a FirVang suspension (an oral form of the antibiotic Vancomycin used to treat infections) 25 mg/ml 150 ml bottle unrefrigerated and at room temperature; 2 individually packaged Keppra (a medication for seizures) capsules loose in drawer unlabeled; 10	PREFIX	(FACH SEFICIENCY	MUST BE PPECEDED BY FULL	PREHX	TEACH CORRECTIVE ACT ON SHOULD CROSS REFERENCED TO THE APPROPR	BE WATE TION			
foil package, and undated; Nystop powder (a topical used for fungal rashes) undated and unlabeled; a tube of Vit A&D ointment, a tube of Skin Protective ointment, a lube of Skin Repair ointment, and a tube of Medihoney ointment (all 4 topicals used for prevention and treatment of rashes) open, unlabeled and undated; an open box of 16 individually packaged skin prep pads (used to prepare the skin for a procedure) expired; and oral medication administration supplies, gastric tube feeding supplies, stoma supplies, and 2 open ointments, Skin Protective ointment and Skin Repair ointment (typically used for topical use around stoma openings or in the		(a medication used and not dated; and stimulant/laxative) in identifier, and not st. Observation of the 2 3/26/19 at 2:30 PM with LPN #7 revealed dose bottle of Bisacopened with expiration asthma, emphysem not stored in their or and undated. Observation of the 4 3/26/19 at 3.00 PM in revealed the following oral form of the antibitiest infections) 25 in unrefrigerated and a individually package seizures) capsules (challed a tube of Skin Protective ointmointment, and a tube topicals used for prevashes) open, unlabeled; a tube of 16 individually (used to prepare the expired; and oral measupplies, and 2 open bintment and Skin Respired; and oral measupplies, and 2 open bintment and Skin Respired; and oral measupplies, and 2 open bintment and Skin Respired; and oral measupplies, and 2 open bintment and Skin Respired; and oral measupplies, and 2 open bintment and Skin Respired; and oral measupplies and 2 open bintment and Skin Respired; and oral measupplies and 2 open bintment and Skin Respired; and oral measupplies and 2 open bintment and Skin Respired; and oral measupplies and 2 open bintment and Skin Respired; and oral measupplies and 2 open bintment and Skin Respired; and oral measupplies and 2 open bintment and Skin Respired; and 2 open bintment	for treating seizures) opened a Bisacodyl suppository (a not labeled with a resident ored in the original container. 2008 medication cart on in the 2008 nurses station at the following: a multiple odyl 5 mg tablets 150 count on date 10/18/18; 4 Albuterol chalation treatment for a, and other lung diseases) iginal protective foil package, 008 medication cart on in the hallway with LPN #8 ig: a FirVanq suspension (an biotic Vancomycin used to ing/ml 150 ml bottle toom temperature; 2 d Keppra (a medication for bose in drawer unlabeled; 10 of in their original protective dated; Nystop powder (a la rashes) undated and Vit A&D ointment, a tube of ment, a tube of seid and undated; an open packaged skin prep pads skin for a procedure) dication administration in feeding supplies, stoma ointments, Skin Protective epair ointment (typically used)	F 761					

genital area) stored in the same drawer.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	TOF DEFICIENCIES OF CORRECTION	X TO PROVIDER, SUPPLIER/CL A IDENTIFICATION NUMBER.			SONSTRUCTION	X3 DATE SURVEY COMPLETED	
		445183	E WING		·	03/2	26/2019
		NTER, LLC TEMENT OF DEFICIENCIES MUST BE PRECEDED SY FULL	IO PREF	43! GA	PEET ACDRESS, CITY, STATE, ZIP CODE 8 NORTH WATER AVE ALLATIN, TN 37066 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	N	UE. COMPLETION
TAG		SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		OA15
F 761	Continued From pa	irector of Nursing on 3/26/19	F.	761			
	at 6:16 PM in her of should be stored ap Infection Prevention CFR(s): 483,80(a)(1) §483,80 Infection C The facility must est infection prevention designed to provide comfortable environ development and tradiseases and infection program. The facility must est and control program a minimum, the folko §483,80(a)(1) A systeporting, investigat and communicable staff, volunteers, visproviding services userrangement based conducted according accepted national staff, volunteers and communicable staff, volunteers are providing services userrangement based conducted according accepted national staff, volunteers for the possible communication of survey possible communications before the persons in the facility and the staff of the persons in the facility and the staff of the persons in the facility and the staff of the persons in the facility and the staff of the persons in the facility and the staff of the persons in the facility and the staff of the persons in the facility and the staff of the persons in the facility and the staff of the persons in the facility and the staff of the persons in the facility and the staff of the persons in the facility and the staff of the persons in the facility and the staff of the persons in the facility and the staff of the persons in the facility and the staff of the persons in the facility and the staff of the persons in the facility and the staff of the persons in the facility and the staff of the persons in the facility and the staff of the persons in the facility and the staff of the persons in the staff of the pe	fice confirmed "medications operpriately on all med carts" & Control 1)(2)(4)(e)(f) ontrol tablish and maintain an and control program a safe, sanitary and ament and to help prevent the ansmission of communicable ions. In prevention and control tablish an infection prevention of (IPCP) that must include, at a towing elements: tem for preventing, identifying, ing. and controlling infections diseases for all residents, itors, and other individuals inder a contractual upon the facility assessment g to §483.70(e) and following tandards; en standards, policies, and program, which must include, by the control of the facility assessment grandards; en standards of the facility assessment grandards; en standards of the facility assessment grandards of the standards of the s	F	880	All ice scoops on mobile carts containing ice were placed in temporary sanitary containers 3/26/19. New "clamshell" ice scoop containers have been ordered a will be placed on all mobile care containing ice. All staff will be in-serviced or sanitary usage and storage of is scoops. Resident #146 was counseled regarding asking strassistance in obtaining ice verindependent appropriation. Unit Managers or designees we conduct daily random audits of scoop storage on mobile carts tray pass and report results to weekly. DON will report audit results Quality Assurance Committee Quality Assurance Performan Improvement Committee monfor three months or until QA/Committee deems compliance.	on and arts ice aff for rsus vill of ice during DON to e/ ice inthly QAPI	5/1/19

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CENTE	IRS FOR MEDICARE	& MEDICAID SERVICES			OMB N	0 0938 0361	
STATEMEN AND PLAN	TIOF DEFICIENCIES OF CORRECTION	AT: PROVIDER/SUPPLIER/SUA IDENT FIGATION NUMBER	i	! PLE CONSCRUCTION NG	(X3) D/	(XS) DATE SUPLEY COMPLETED	
		445183	B WING	·	0	3/26/2019	
	PROVIDER OR SUPPLIER IN HEALTH CARE CE	NTER, LLC		STREET ADDRESS CITY STATE ZIP 438 NORTH WATER AVE GALLATIN, TN 37066		512012013	
PREFX DAG	FACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S FLAN OF C' ((EACH COMPECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	E APPROPRIATE	OOMPLETION	
	reported; (iii) Standard and trace be followed to pre (iv)When and how it resident; including the followed, and the involved, and the involved in the in	ase or infections should be ansmission-based precautions event spread of infections; solation should be used for a put not limited to: tration of the isolation, infectious agent or organism that the isolation should be the sible for the resident under the estimate under which the facility yees with a communicable skin lesions from direct the disease; and e procedures to be followed firect resident contact. The for recording incidents facility's IPCP and the ken by the facility. In the disease, and the store, process, and the provent the spread of	F 8	30			

sanitary manner.

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		& MEDICAID SERVICES				FC	DRM AFPROVED NO 0938-039
3 ATEMEY	TIGE DEPICIENCIES OF COPPESTION	OF PROVIDER.SUPPLIERCUA IDENTIFICATION NUMBER	(X.) MULTIPLE CONSTRUCTION A BUILDING				DATE SURVEY COMPLETED
		445183	B WING				03/26/2019
NAME OF	PROVIDER OR SUPPLIER	A-3	1	STR	EET ACCRESS CITY STALE ZIP CODE		03/20/2019
GALLAT	IN HEALTH CARE CE	NTER, LLC			NORTH WATER AVE LATIN, TN 37066		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFII TAG	<	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO GEACH CORRECTIVE ACTION SHO GROSS-REFERENCED TO THE APPL DEFICIENCY)	ULD 6E	SLAFE Colf
F 880	Continued From particular Continued From Par		F8	80			
	Ice Storage chest, nevealed "Ice made storage/distribution maintained to assure of iceIce making a chests/containers, a contaminated by: Uremployees, resident storage or handle of contamination of ice chests/containers or precautions: Limit ad storage chests/container thandle ice direct	containers will be used and e a safe and sanitary supply machines, ice storage and ice can all become assanitary manipulation by as, and visitors; Improper					
	was admitted to the fi diagnoses which incl	w revealed Resident #146 facility on 4/13/18 with luded Vascular Dementia, Pulmonary Disease, Chronic Generalized Anxiety					
r r	revealed the resident Mental Status (BIMS)	w of Resident #146's ata Set dated 12/18/18 had a Brief Interview for score of 8, indicating the tely cognitively impaired.					
t	hall revealed an unati eart with an empty cle	19 at 8:30 AM on the 200 tended ice storage container ear plastic bag sitting on the nued observation revealed					

the cart.

no ice scoop placed in the plastic bag or on top of

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				ONB NO 0938-0391
	OF DEFICIENCES OF LORRESTICH	C, PROVICES, SUPPLIERICL A IDENTIFICATION NUMBER:	1		IGNETRUCTION	COMPLETED (X.9) ENLE BODNE A
		445183	B WING			03/26/2019
NAME OF	PROVIDER OF SUPPLIER				REET ADDRESS CITY STATE ZIP COCE	0011012010
GALLAT	IN HEALTH CARE CE	NTER, LLC			LLATIN, TN 37066	
YA) ID #PREIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID POEFI TAG		PROVIDER'S PLAN OF COPPECTIVE ACTION SHOULD CROSS-PEFERENCED TO THE APPRODEFICIENCY)	DISE COMPLETION
F 880	Continued From pa	ge 23	F 8	380		
	AM on the 200 hall walked up to the un top off of her water the cart. Continued resident opened the into the chest with hice scoop from insic observation reveale with ice, replaced the chest and closed the Interview with Resident	lent #146 on 3/25/19 at 8:55				
	revealed when aske container she stated with the scooper, I n	by the ice storage cart and if she got ice from that all "I always get my own ice hever touch the ice just the but the scooper back in the				
	at 10:43 AM on the cart confirmed the ic bag and not in the ic when asked the profithe CNA's (Certified passible, they are su	rector of Nursing on 3/25/19 200 hall by the ice storage be scoop was to be stored in a se chest. Continued interview cess of passing ice confirmed d Nurse Aides) use the cart to upposed to pass the ice and in the hall; Residents should t of it."				

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CENTE	ROLOR MEDICARE	3 MEDICAID SERVICES			OME NO 0938-0395
	TOF DEFICIENCIES OF CURRECTION	XI) PROVICER SUPPLIER/CLIA IDENTIFICATION NUMBER		RPLE CONSTRUCTION ING	COMPLETED
		445183	B WING		03/26/2019
NAME OF	PROVIDER OR SUPPLIER	Om To View To Vi		STREET ADDRESS, CITY STATE ZIP CODE	
				438 NORTH WATER AVE	
GALLA	IN HEALTH CARE CE	NTER, LLC		GALLATIN, TN 37066	
KIT ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	IC	PROVICER'S PLAN OF CORRECT	ON
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFI TAG	X (EACH CORRECTIVE ACTION SHOU	ALD BE COMPLET ON
E 000	Initial Comments		ΕC	00	
	completed on 3/24/	paredness survey was 19 to 3/26/19 at Gallatin r, LLC. No deficiencies were 1.00.			
		ii.			
			,		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(XG) DATE